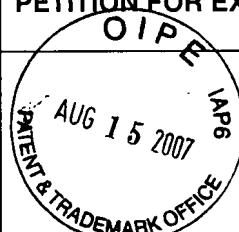


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
306J-002100US



In re Application of William M. Pardridge, et al.

Application Number: 10/647,197 Filed: August 20, 2003

For IMMUNONANOPARTICLES

Group Art Unit 1616 Examiner Sharmila Gollamudi Landau

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160
<input checked="" type="checkbox"/>	Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>60.00</u> .	

A small entity statement under 37 CFR 1.27:

is enclosed.
 has already been filed in this application.

A check in the amount of the fee is enclosed.
 The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment, to Deposit Account Number 50-0893.

I am the assignee of record of the entire interest.

08/15/2007 HANNAH DIA 00000024 500893 10647197

01-10-2001

60.00 0A

applicant.

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a)

Registration number if acting under 37 CFR 1.34(a). _____

August 9, 2007

Date

Signature

Jonathan Alan Quine, 41,261

Typed or printed name and Reg. No.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on the date below:

Typed or Printed Name	Deborah Berwick		
Signature		Date	August 9, 2007



Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

60.00

Complete if Known	
Application Number	10/647,197
Filing Date	August 20, 2003
First Named Inventor	William M. Pardridge
Examiner Name	Sharmila Gollamudi Landau
Art Unit	1616
Attorney Docket No.	306J-002100US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): **Deposit Account**
 Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above identified deposit account, the Director is hereby authorized to : (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Fee Description	Small Entity
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

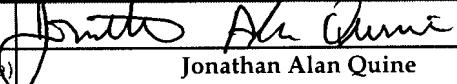
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	(\$)	Fee Paid (\$)
- 100	/50 =	Round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):		
Other : Request for Extension of Time for 1 Month		60.00
Other :		

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,261	Telephone
Name (Print/Type)	Jonathan Alan Quine		Date	August 9, 2007